

2290

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

332

REGISTERED NO.

1065

1. PLACE OF DEATH

COUNTY Maricopa

STATE

ARIZONA

TOWNSHIP

OR VILLAGE

CITY PhoenixNO. 22 S. 21st. St.

WARD

LENGTH OF RESIDENCE

IN CITY OR TOWN WHERE DEATH OCCURRED. YRS. MOS. DS.

HOW LONG IN U. S. OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Alma Byrd

HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.

(A) RESIDENCE: NO. 22 S. 21st. St.

(USUAL PLACE OF ABODE)

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF William W. Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN

34725

1 DAY, HRS. OR MIN.

8. TRADE, PROFESSION, OR PARTICULAR

KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

Housework

9. INDUSTRY OR BUSINESS IN WHICH

WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT

THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS)

SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTY)

ClaytonKansas

FATHER

13. NAME Richard Krauss

MOTHER

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTY)

LincolnNeb.15. MAIDEN NAME Rosa B. Mc Intyre

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTY)

HoskissColo.17. INFORMANT Sister(ADDRESS) 22 S. 21st. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mesa Cem. DATE 9-24, 1935

19. EMBALMER

LICENSE NO. 150-A

FUNERAL DIRECTOR

SIGNATURE Henry T. FaganADDRESS Arizona Funeral Home20. FILED Sept 21, 1935REGISTRAR Wm. G. Osborn

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

19 , TO InvestigatedI LAST SAW H. ALIVE ON , 19 ; DEATH IS SAIDTO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:15 PM

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF

IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

Guns shot wound ChestPulmonary collapseBarbiturate

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Pulse WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO

THE FOLLOWING: ACCIDENT SUICIDE, OR HOMICIDE DATE OF INJURY 9/22/35WHERE DID INJURY OCCUR? Phoenix Ariz.

(SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN

PUBLIC PLACE At homeMANNER OF INJURY Guns shot woundsNATURE OF INJURY Guns shot wounds

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF

DECEASED?

IF SO, SPECIFY None(SIGNED) Wm. G. Osborn M. D.(ADDRESS) Phoenix Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION